

ARCHBISHOP RIORDAN HIGH SCHOOL FENNELLY SOCIETY

Please check one:	
I have remembered Archbishop Riordan High School with a planned gift. Please enroll me in the Fennelly Society and publish my name as follows:	I have remembered Archbishop Riordan High School with a planned gift. Please enroll me in the Fennelly Society, however I would like to remain anonymous.
(For example: Mr. and Mrs. Smith; or Mr. John Smith '49)	
Donor Information (please print):	
Donor Name:	
Address:	
City:	State: Zip Code:
Phone:	
Signature:	Date:
Please indicate below the type of gift you have made. The more information we have, the better able we are to make sure your wishes are honored.	
Charitable bequest (Please circle type) specific amount percentage	ge residual all heirs deceased (contingent)
☐ Charitable gift annuity ☐ Charitable remainder trust	Charitable lead trust
Retirement plan designation Pooled income fund accoun	t Insurance designation
Other Estimated gift value (optional)	
Executor or Trustee:	
Name:	
Phone:	

For additional information, contact Anne Seppi at aseppi@riordanhs.org or 415-586-8200 ext. 217